

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: _____ Date Received: _____

1. FQHC Name	First Choice Health Centers, Inc.
Street Address	94 Connecticut Boulevard
City, State, ZIP	East Hartford, CT 06108-3013
Telephone Number	860.610.6191
Contact Person	Jeffrey Steele
Title	President and Chief Executive Officer

2. FQHC Medicaid Provider Number:	3. Reporting Period:
Medical 4191425	From 07/01/19 To 06/30/20
Dental 4222931	
Mental Health 8071428	
Other (Specify)	

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE DISTRICT OTHER

COUNTY CITY

5. FQHC Owned By:

First Choice Health Centers, Inc.
94 Connecticut Boulevard
East Hartford, CT 06108-3013

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By
First Choice Health Centers, Inc. 4191425
(FQHC Name)

For the Reporting Period Beginning 7/1/2019 and Ending 6/30/2020 and That to the Best of My Knowledge and Belief It Is a True, Correct and Complete Statement Prepared From the Books and Records of the FQHC In Accordance With Applicable Instructions, Except as Noted:

6. Signature (Officer or Administrator of FQHC)	Printed Name
	Jeffrey Steele
Title	Date
President + CEO	4/27/2021

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>7/1/2019</u>	To <u>6/30/2020</u>
FQHC Name:	First Choice Health Centers, Inc.	

7. Service Sites: List all service sites of the FQHC, including all FQHC-certified sites and any other non-FQHC service sites. Indicate whether the service site is FQHC certified. If a site or sites are not FQHC-certified, the associated costs should be reported on Form A-4 as non-allowable costs.

Provider Name	Location	FQHC Certified Yes/ No	Clinic/Provider No.
First Choice Health Centers, Inc.	94/110 Connecticut Boulevard East Hartford, CT 06108	Yes	1215923131
First Choice Health Centers, Inc.	150 North Main Street Manchester, CT 06042	Yes	1699732206
First Choice Health Centers, Inc.	3 Prospect Street Vernon, CT 06066	Yes	1396930459
First Choice Health Centers, Inc.	265 Ellington Road East Hartford, CT 06108	Yes	1891101473
First Choice at Howell Cheney Technical High School	791 West Middle Turnpike Manchester, CT 06040	Yes	1992111579
First Choice Health Centers, Inc.	70 Loveland Hill Road Vernon, CT 06066	Yes	1669874087
First Choice Health Centers, Inc.	20 Maple Street Vernon, CT 06066	Yes	1669874855
First Choice Health Centers, Inc.	587 Middle Turnpike East Suite A Manchester, CT 06040	Yes	1962884395
First Choice Health Centers, Inc.	92 Connecticut Boulevard East Hartford, CT 06108	Yes	1770932642
First Choice Health Centers, Inc.	94 Union Street Floor 2 Vernon, CT 06066	Yes	1558804070
First Choice Health Centers, Inc.	809 Main Street East Hartford, CT 06108	Yes	1225559826
First Choice Health Centers, Inc.	227 E. Middle Turnpike Manchester, CT 06040	Yes	1851883458

8. Related Parties: Related party information is reported on the following, which accompanies this cost report submission:

Select One:

C. Not applicable. The FQHC does not have any related party individuals or organizations.

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2019 To 6/30/2020
 FQHC Name: First Choice Health Centers, Inc.

Form A-1 (Direct Health Care Cost)							
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaries Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
A.	I	II	III	IV	V	VI	VII
1. DIRECT HEALTH CARE COST							
<i>(Excluding Dental, Mental Health & Other)</i>							
1. Staff Cost							
a. Physician	1,415,343	0	1,415,343	172,705	1,588,048	(14,535)	1,573,513
b. Physician Assistant	918,234	0	918,234	106,827	1,019,061	0	1,019,061
c. Nurse (APRN, Midwife, RN)	699,911	0	699,911	37,187	737,098	0	737,098
d. Other - Specify							
Other Nursing Staff	1,853,468	0	1,853,468	357,982	2,211,450	0	2,211,450
Dietitian	66,651	0	66,651	12,873	79,524	0	79,524
Case Management	0	0	0	0	0	0	0
Other Contracted HC Providers	0	152,285	152,285	(101,586)	50,699	0	50,699
e. Subtotal Direct Health Care Cost	4,953,607	152,285	5,105,892	579,988	5,685,880	(14,535)	5,671,345
2. Other Direct Health Care Cost							
a. Medical Supplies		585,920	585,920	0	585,920	(431,794)	154,126
b. Transportation		0	0	0	0	0	0
c. Depreciation - Medical Equipment		0	0	7,146	7,146	0	7,146
d. Professional Liability Insurance		0	0	0	0	0	0
e. Laboratory	0	0	0	0	0	0	0
f. Radiology	0	0	0	0	0	0	0
g. Physician-Administered Drugs		0	0	0	0	0	0
h. Other - Specify							
Continuing Medical Education		0	0	25,599	25,599	0	25,599
Minor Medical Equipment		0	0	0	0	0	0
i. Subtotal Other Direct Health Care Cost	0	585,920	585,920	32,745	618,665	(431,794)	186,871
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)							
	4,953,607	738,205	5,691,812	612,733	6,304,545	(446,329)	5,858,216

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2019 To 6/30/2020
 FQHC Name: First Choice Health Centers, Inc.

Form A-2 (Direct Dental Care Cost)
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER		Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
		I	II	III	IV	V	VI	VII
B. DIRECT DENTAL CARE COST								
1. Staff Cost								
a.	Dentist	639,033	0	639,033	98,879	737,912	0	737,912
b.	Dental Hygienist	290,664	0	290,664	55,966	346,630	0	346,630
c.	Other - Specify							
	Dental Assistant	360,501	0	360,501	69,628	430,129	0	430,129
	Contract Dental	0	0	0	37,588	37,588	0	37,588
d.	Subtotal Direct Dental Care Cost	1,290,198	0	1,290,198	262,061	1,552,259	0	1,552,259
2. Other Direct Dental Care Cost								
a.	Dental Supplies		171,129	171,129	0	171,129	0	171,129
b.	Transportation		0	0	7,405	7,405	0	7,405
c.	Depreciation - Dental Equipment		0	0	65,980	65,980	0	65,980
d.	Professional Liability Insurance		0	0	0	0	0	0
e.	Other - Specify							
	Continuing Dental Education		0	0	5,497	5,497	0	5,497
	Minor Dental Equipment		0	0	0	0	0	0
			0	0	0	0	0	0
			0	0	0	0	0	0
			0	0	0	0	0	0
f.	Subtotal Other Direct Dental Care Cost	0	171,129	171,129	78,882	250,011	0	250,011
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)		1,290,198	171,129	1,461,327	340,943	1,802,270	0	1,802,270

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2019 To 6/30/2020

FQHC Name: First Choice Health Centers, Inc.

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel I	Other Costs II	Total III	Reclassifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
1. Staff Cost							
a. Psychologist	0	0	0	0	0	0	0
b. Social Worker	727,033	0	727,033	119,888	846,921	0	846,921
c. Other - Specify	0	0	0	0	0	0	0
Psychiatric APRN	0	0	0	0	0	0	0
Alcohol & Drug Counselor	41,058	0	41,058	7,930	48,988	0	48,988
Other Contracted Mental Health Providers	0	0	0	41,543	41,543	0	41,543
d. Subtotal Direct Mental Health Care Cost	768,091	0	768,091	169,361	937,452	0	937,452
2. Other Direct Mental Health Care Cost							
a. Medical Supplies		0	0	0	0	0	0
b. Transportation		0	0	0	0	0	0
c. Depreciation - Mental Health Equipment		0	0	0	0	0	0
d. Professional Liability Insurance		0	0	0	0	0	0
e. Other - Specify		0	0	0	0	0	0
f. Subtotal Other Direct Mental Health Care Cost	0	0	0	0	0	0	0
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	768,091	0	768,091	169,361	937,452	0	937,452
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	7,011,896	909,334	7,921,230	1,123,037	9,044,267	(446,329)	8,597,938

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Reporting Period: From 7/1/2019 To 6/30/2020
 FQHC Name: First Choice Health Centers, Inc.

Form A-4 (Non-Allowable Direct Other Service Cost)
RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
E. NON-ALLOWABLE DIRECT OTHER SERVICE COST							
1. Service							
a. Clinical Diagnostic Lab	0	0	0	0	0	0	0
b. Radiology	0	0	0	0	0	0	0
c. Prescription Drugs/Pharmacy	174,832	333,912	508,744	33,767	542,511	0	542,511
d. Battered Women	0	0	0	0	0	0	0
e. Homeless	0	0	0	0	0	0	0
f. WIC	0	0	0	0	0	0	0
g. Non-FQHC Sites	0	0	0	0	0	0	0
h. Other - Specify	0	0	0	0	0	0	0
Hospital	0	0	0	2,974	2,974	0	2,974
Parents as Teachers	121,783	0	121,783	26,719	148,502	0	148,502
Outreach & Education	0	0	0	56,833	56,833	0	56,833
	0	0	0	0	0	0	0
	0	0	0	0	0	0	0
	0	0	0	0	0	0	0
	0	0	0	0	0	0	0
	0	0	0	0	0	0	0
i. Total Non-Allowable Direct Other Service Cost	296,615	333,912	630,527	120,293	750,820	0	750,820
F. TOTAL DIRECT COST (D+E1)	7,308,511	1,243,246	8,551,757	1,243,330	9,795,087	(446,329)	9,348,758

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Reporting Period: From 7/1/2019 To 6/30/2020
 FQHC Name: First Choice Health Centers, Inc.

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel I	Other Costs II	Total III	Reclassifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
G. OVERHEAD - FACILITY COST							
a. Rent		385,190	385,190	0	385,190	(21,672)	363,518
b. Insurance		199,346	199,346	0	199,346	0	199,346
c. Interest on Mortgage or Loans		57,358	57,358	0	57,358	(169)	57,189
d. Utilities		122,560	122,560	0	122,560	0	122,560
e. Depreciation - Building		483,776	483,776	(184,175)	299,601	0	299,601
f. Depreciation - Equipment		0	0	15,701	15,701	0	15,701
g. Housekeeping & Maintenance	110,787	245,976	356,763	13,992	370,755	0	370,755
h. Other (Specify)							
		Property Tax	53,038	0	53,038	0	53,038
		Minor Equipment	383,729	0	383,729	0	383,729
			0	0	0	0	0
			0	0	0	0	0
			0	0	0	0	0
i. Subtotal Overhead - Facility Cost	110,787	1,930,973	2,041,760	(154,482)	1,887,278	(21,841)	1,865,437
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	2,258,887	0	2,258,887	745,096	3,003,983	(19,900)	2,984,083
b. Depreciation - Office Equipment		0	0	95,348	95,348	0	95,348
c. Office Supplies		166,269	166,269	0	166,269	0	166,269
d. Legal		100,064	100,064	0	100,064	(8,580)	91,484
e. Accounting		94,259	94,259	0	94,259	0	94,259
f. Insurance		0	0	0	0	0	0
g. Telephone		106,691	106,691	0	106,691	0	106,691
h. Advertising-Help Wanted		22,123	22,123	0	22,123	(22,123)	0
i. Interest - Capital Loans		0	0	0	0	0	0
j. Other (Specify)							
		Travel & Seminar	113,308	0	113,308	0	113,308
		Miscellaneous	64,848	0	64,848	(1,800)	63,048
		Contracted Services	486,202	(60,031)	426,171	(3,340)	422,831
		Fringe Benefits & Taxes	1,869,261	(1,869,261)	0	0	0
		Recruiting, Dues, & Licenses	358,629	0	358,629	0	358,629
k. Subtotal Overhead - Administrative Cost	2,258,887	3,381,654	5,640,541	(1,088,848)	4,551,693	(55,743)	4,495,950
l. TOTAL OVERHEAD COST (G+H+K)	2,369,674	5,312,627	7,682,301	(1,243,330)	6,438,971	(77,684)	6,361,387
J. GRAND TOTAL COSTS² (F+I)	9,678,185	6,555,973	16,234,058	-	16,234,058	(523,913)	15,710,145

² Reconciliation schedule is required if Line J, Column III does not agree to the Audited Financial Statements

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Reporting Period: From 7/1/2019 To 6/30/2020

FQHC Name: First Choice Health Centers, Inc.

Form B-1 (Compensation, Encounters, Hours, FTEs - Health Care)

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	General Practitioner	125,000	1,500	1,040	0.50
A. PHYSICIAN					
1. <i>Please see form B4</i>					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
6.					0.00
7.					0.00
8.					0.00
9.					0.00
10.					0.00
Total Physician Encounters, Staff Hours and FTEs		0	0	0	0.00
B. PHYSICIAN ASSISTANT					
1. <i>Please see form B4</i>					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Physician Assistant Encounters, Hours and FTEs		0	0	0	0.00

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Reporting Period: From 7/1/2019 To 6/30/2020
 FQHC Name: First Choice Health Centers, Inc.

Form B-1 Continued (Compensation, Encounters, Hours, FTEs - Health Care)

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	General Practitioner	125,000	1,500	1,040	0.50
C. NURSE (APRN, MIDWIFE, RN)					
1. <i>Please see form B4</i>					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Nurse Practitioner		0	0	0	0.00
D. PHYSICIAN SERVICES UNDER CONTRACT					
1. <i>Please see form B4</i>					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Physician Services Under Contract		0	0	0	0.00
E. OTHER HEALTH CARE PRACTITIONER					
1. <i>Please see form B4</i>					0.00
2.					0.00
3.					0.00
Total Other Health Care Practitioner		0	0	0	0.00

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Reporting Period: From 7/1/2019 To 6/30/2020
 FQHC Name: First Choice Health Centers, Inc.

Form B-2 (Compensation, Encounters, Hours, FTEs - Dental Care)

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER				
DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation II	Encounters III	Total Employee Hours and FTEs	
			Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Dentist 1)</i>	125,000	1,500	1,040	0.50
A. DENTIST				
1. <i>Please see form B4</i>				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dentist Encounters, Staff Hours and FTEs	0	0	0	0.00
B. DENTAL HYGIENIST				
1. <i>Please see form B4</i>				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dental Hygienist Encounters, Hours and FTEs	0	0	0	0.00
C. OTHER DENTAL PRACTITIONER				
1. <i>Please see form B4</i>				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Dental Practitioner Encounters, Hours and FTEs	0	0	0	0.00

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Reporting Period: From 7/1/2019 To 6/30/2020
 FQHC Name: First Choice Health Centers, Inc.

Form B-3 (Compensation, Encounters, Hours, FTEs - Mental Health Care)

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER			
MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Provide itemized de-identified list (e.g., Psychologist 1))	Compensation	Encounters	Total Employee Hours and FTEs
			Employee Total Hours (2080 hrs = 1 FTE)
A. PSYCHOLOGIST			
1. <i>Please see form B4</i>	125,000	1,500	1,040 0.50
2.			0.00
3.			0.00
4.			0.00
5.			0.00
Total Psychologist Encounters, Staff Hours and FTEs	0	0	0 0.00
B. SOCIAL WORKER			
1. <i>Please see form B4</i>			0.00
2.			0.00
3.			0.00
4.			0.00
5.			0.00
Total Social Worker Encounters, Hours and FTEs	0	0	0 0.00
C. OTHER MENTAL HEALTH PRACTITIONER			
1. <i>Please see form B4</i>			0.00
2.			0.00
3.			0.00
4.			0.00
5.			0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs	0	0	0 0.00

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Reporting Period: From 7/1/2019 To 6/30/2020

FQHC Name: First Choice Health Centers, Inc.

Form B-4 (Summary Compensation, Encounters, Hours, FTEs)

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range		Turnover		Employee Hours and FTEs		
			High	Low	Hires	Departures	Employee Total Hours	FTEs (2,080 hrs = 1 FTE)	
A. HEALTH CARE PRACTITIONERS	4	500,000	150,000	100,000	2	1	10,000	8,320	4.00
1. PHYSICIAN	9	980,397	269,395	53,863	5	5	8,875	10,162	4.90
2. PHYSICIAN ASSISTANT	11	902,374	134,860	89,260	3	1	22,927	18,813	9.04
3. NURSE (APRN, MIDWIFE, RN)	11	687,820	151,606	57,631	4	4	12,672	11,645	5.61
4. PHYSICIAN SERVICES UNDER CONTRACT	1	22,455					604		
5. OTHER HEALTH PROFESSIONALS	5	461,200	150,000	110,500	0	0	8,942	6,485	3.12
6. OTHER ALLIED HEALTH PROFESSIONALS	3	65,500	65,500	65,500	0	0	1,151	2,107	1.01
7. OTHER HEALTH CARE PRACTITIONERS	71	1,821,454	61,978	8,492	26	26		95,165	45.76
Total Health Care	111	4,941,200			38	36	55,171	144,376	69.44
B. DENTAL PRACTITIONERS									
1. DENTIST	5	627,995	185,181	125,296	1	1	10,225	8,922	4.30
2. DENTAL HYGIENIST	6	285,644	66,143	15,041	0	0	4,957	9,531	4.57
3. OTHER DENTAL PRACTITIONERS	1	37,588					257		
Total Dental	12	951,227			1	1	15,439	18,453	8.87
C. MENTAL HEALTH PRACTITIONERS									
1. PSYCHIATRIST									0.00
2. PSYCHOLOGIST									0.00
3. LICENSED CLINICAL SOCIAL WORKER	14	714,475	131,017	41,671	5	5	7,672	20,355	9.79
4. PSYCHIATRIC APRN									
5. OTHER MENTAL HEALTH PRACTITIONERS	2	81,892	54,953	54,953	0	1	543	1,473	0.71
Total Mental Health	16	796,367			5	6	8,215	21,828	10.50

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Reporting Period:	From	7/1/2019	To	6/30/2020
FQHC Name:	First Choice Health Centers, Inc.			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION

A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	8,597,938
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	750,820
C.	Total Direct Costs (A+B)	9,348,758
D.	Portion of Title XIX Services (A/C)	91.97%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	6,361,387
F.	Overhead Cost Applicable to Title XIX Services (DxE)	5,850,568
G.	Total Title XIX Services Cost (A+F)	14,448,506
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	4,334,552
I.	Cost Adjustment (Lower of H-F or Zero)	(1,516,016)
J.	Allowable Title XIX Overhead Cost (F+I)	4,334,552
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	5,858,216
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	1,802,270
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	937,452
	4. Total Direct Costs (K1 thru K3)	8,597,938
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	68.14%
	2. Dental Services (K2/K4)	20.96%
	3. Mental Health Services (K3/K4)	10.90%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	2,953,564
	2. Dental Services (JxL2)	908,522
	3. Mental Health Services (JxL3)	472,466
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	4,334,552

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>7/1/2019</u>	To <u>6/30/2020</u>
FQHC Name:	First Choice Health Centers, Inc.	

Form D (Allowable Cost per Encounter)

ALLOWABLE COST PER ENCOUNTER	
I. Health Care Cost (Excluding Dental and Mental Health)	
A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	5,858,216
B. Allowable Overhead Cost (P13 - Form C, Line M1)	2,953,564
C. Total Allowable Health Care Cost (A+B)	8,811,780
D. Encounters (P12 - Form B-4, Health Care Total)	55,171
E. Allowable Health Care Cost Per Encounter (C/D)	159.72
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	1,802,270
B. Allowable Overhead Cost (P13 - Form C, Line M2)	908,522
C. Total Allowable Dental Cost (A+B)	2,710,792
D. Encounters (P12 - Form B-4, Dental Total)	15,439
E. Allowable Dental Cost Per Encounter (C/D)	175.58
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	937,452
B. Allowable Overhead Cost (P13 - Form C, Line M3)	472,466
C. Total Allowable Mental Health Cost (A+B)	1,409,918
D. Encounters (P12 - Form B-4, Mental Health Total)	8,215
E. Allowable Mental Health Cost Per Encounter (C/D)	171.63

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Reporting Period: From 7/1/2019 To 6/30/2020
 FQHC Name: First Choice Health Centers, Inc.

REVENUES		I	II	III	IV	V
Operating Revenue	Services Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)	
1. Medicaid	5,672,322	824,475	888,382		7,385,179	
2. Private	699,954	324,534	46,893		1,071,381	
3. Medicare	893,432	224,330	187,970		1,081,402	
4. Patient Cash/Self Pay	1,046,906		119,120		1,390,356	
5. Other - Specify Provision for uncollectible accounts				(502,061)	(502,061)	
6. Total (1 thru 5)	8,312,614	1,373,339	1,242,365	(502,061)	10,426,257	
B. Other Revenue						
1. Contributions						
2. Grants				300,000	300,000	
3. Interest				5,750,610	5,750,610	
4. Donations				169	169	
5. Other - Specify Various - Misc				90	90	
6. Other - Specify In-kind Rent				71,856	71,856	
7. Other - Specify				15,672	15,672	
8. Other - Specify						
9. Other - Specify						
10. Other - Specify						
11. Total (1 thru 10)	0	0	0	6,138,397	6,138,397	
C. Other Revenue (include revenue generated by non-approved FQHC sites)						
1. Other - Specify						0
2. Other - Specify						0
3. Other - Specify						0
4. Other - Specify						0
5. Other - Specify						0
6. Other - Specify						0
7. Total (1 thru 7)	0	0	0	0	0	0
D. Total Revenue (A6+B11+C7)	8,312,614	1,373,339	1,242,365	5,636,336	16,564,654	

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From	7/1/2019	To	6/30/2020
FQHC Name:	First Choice Health Centers, Inc.			

Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS (EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)		
A.	Contributions	ACTUAL
	1. Services (<u>Excluding</u> Dental, Mental Health and Other)	
	2. Dental	
	3. Mental Health	
	4. Other - Specify <u>Hartford Foundation for Public Giving</u>	300,000
	Other - Specify <u>Donations</u>	90
	Other - Specify <u>In-Kind Rent</u>	15,672
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	315,762
B.	Grants (<u>Excluding</u> PHS)	
	1. Services (<u>Excluding</u> Dental, Mental Health and Other)	
	2. Dental	18,000
	3. Mental Health	
	4. Other - Specify <u>CT DSS Maternal, Infant, and Early Childhood Home Visiting Program</u>	206,034
	Other - Specify <u>CHCACT Medicaid Outreach</u>	19,900
	Other - Specify <u>CT Dept of Public Health: Immunization</u>	337,613
	Other - Specify <u>Vaccines - Children's Health Insurance Program</u>	71,092
	Other - Specify <u>Vaccines - Vaccines for CHIP</u>	23,089
	Other - Specify <u>CHCACT Transforming Clinic Practice Innovation</u>	38,376
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	714,104

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From	7/1/2019	To	6/30/2020
FQHC Name:	First Choice Health Centers, Inc.			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET			
A.	Cost Disallowance		
	1. Entertainment		
	2. Fines and penalties		
	3. Bad debt		
	4. Cost of actions to collect receivables		
	5. Advertising, except for recruitment of personnel	(22,123)	
	6. Contingent reserves		
	7. Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner		
	8. Fundraising		
	9. Amortization of goodwill		
	10. Directors fees		
	11. Contributions	(100)	
	12. Membership dues for public relations		
	13. Cost not related to patient care	(1,583)	
	14. Interest	(169)	
	15. Pass through expenses		
	16. Prior Year Adjustment		
	17. Legal Settlement	(8,580)	
	18. Patient Incentives	(3,340)	
	19. Total (1 thru 18)		(35,895)
B.	Cost Offset (Expense Recovery)		
	1. Refunds - Medicaid Outreach	(19,900)	
	2. In-Kind Rent	(15,672)	
	3. In-Kind Medical Supplies	(431,794)	
	4. In-Kind Dental Supplies		
	5. In-Kind Computer Supplies		
	6. In-Kind Advertising		
	7. Miscellaneous Income - Physician	(14,535)	
	8. Miscellaneous Income - Miscellaneous	(117)	
	9. Medical Records	0	
	10. Rent Income	(6,000)	
	11. Total (1 thru 10)		(488,018)
C.	Total Cost Disallowance and Offset (A16+B7)		(523,913)